

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 149
Registered No. 333

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Frankie Jones
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? yes
7. Date of birth Oct. 5, 1925.
Month Day Year

8. FATHER
Full name Frank Christopher Jones

9. Residence (Usual place of abode) Claypool, Ariz.
If non-resident, give place and state.

10. Color or race Cauc.
11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Oklahoma
(State or country)

13. Occupation
Nature of industry Iron Worker

14. MOTHER
Full maiden name Christine Atteberry

15. Residence (Usual place of abode) Claypool, Ariz.
If non-resident, give place and state.

16. Color or race Cauc.
17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Coleman, Oklahoma
(State or country)

19. Occupation
Nature of industry Housewife

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead _____
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 11:50 P.m. on the date above stated
(Born alive or stillborn.)

Signature Cyril M. Leroy M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Nov 6, 1925 Registrar C. E. Iron

Registrar

612-1005-318

WRITE PLAIN. IN UNFADING INK. IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF BIRTH STATED.